

ANSWERING REVIEWERS



February 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2133-review.doc).

Title: Obstructive jaundice and melena caused by hemocholecyst : A case report

Author: Ying Fan, Shuo-Dong Wu, Jing Kong

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2133

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) The author's interpretation about cause of melena should be clearly described. I think the cause of melena could be unitary explained by hemocholecyst / hemobilia. However, examinations of gastrointestinal tract including endoscopic study are usually considered in case of melena. In addition, as the present case shows hepatic mass lesion, metastasis of malignant tumor from other organs should be rule out before operation. Therefore, the conclusion that "a hemocholecyst should be considered in patients with obstructive jaundice and melena" should be revised. My opinion is that hemocholecyst could be considered after common causes of melena (such as malignancy, ischemic colitis) are ruled out.

Yes, you are completely right. I have revised the conclusion of the paper.

(2) The picture of US (Figure 1A) is unclear. Arrows pointing mass lesion should be added.

Yes, you are completely right. I have added the arrows pointing the mass lesion.

(3) The authors described that Figure 1B shows thickening of the gallbladder wall. However, whether it means wall thickening of fundal side or mass-like lesion of neck side of gallbladder is unclear. Similarly, in figure 1C and D, a mass at gallbladder neck, a mass at left hepatic lobe are also unclear. I think arrows pointing these lesions should be added and more detailed explanations of imaging findings are needed.

Yes, you are completely right. I have added the arrows pointing the lesion in the figure and added detailed explanations of imaging findings in the figure legend.

(4)The location and spread of hematomas are complicated. The photograph at laparotomy or schema would be help for understanding.

Yes, you are completely right. I have added a schema for helping for understanding.

(5) From the radiological findings, I guess the gallbladder was separated bilocular and the hematoma existed in neck-side lumen only. How is it in resected gallbladder?

Yes, your are completely right. During operation, we resected the whole gallbladder and found the hemotoma located in neck-side lumen of the gallbladder. I have revised this point in the paper.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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